

Docket No.: 2002064.00127US1

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John E. Liebendorfer

Confirmation No.:

aaa

Application No.:

09/910,655

Art Unit:

3632

Filed:

July 20, 2001

Examiner:

A. M. King

Title:

A SYSTEM FOR REMOVABLY AND ADJUSTABLY MOUNTING A

DEVICE ON A SURFACE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

This Information Disclosure Statement is being filed after the mailing date of the final Office Action on the merits and before the mailing date of a Notice of Allowance.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Respectfully submitted,

Dated: August 16, 2006

Ali H. Shah

Registration No.: 58,803 Attorney for Applicant(s)

Wilmer Cutler Pickering Hale and Dorr LLP 1875 Pennsylvania Avenue, NW Washington, DC 20006 (202) 663-6000 (telephone) (202) 663-6363 (facsimile)

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PTO/SB/08a/b (07-05)
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s	ubstitute for form 1449A/B/PT			Complete if Known		
				Application Number	09/910,655	
1	NFORMATION	I DIS	SCLOSURE	Filing Date	July 20, 2001	
;	STATEMENT E	BY A	APPLICANT	First Named Inventor	John E. Liebendorfer	
				Art Unit	3632	
	(Use as many sheets as necessary)			Examiner Name	A. M. King	
Shee	1 1	of	3	Attomey Docket Number	2002064.00127US1	

			U.S. PA	TENT DOCUMENTS	
Examin		Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
er Initials*	Cite No.1	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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	AB*	US-3,954,922		Walker et al.	
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Examiner		Date	
Signature		Considered	<u>l</u>

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Sut	ostitute for form 1449A/B/PT	·0		Complete if Known		
				Application Number	09/910,655	
11	NFORMATION	l Di	SCLOSURE	Filing Date	July 20, 2001	
S	STATEMENT BY APPLICANT			First Named Inventor	John E. Liebendorfer	
				Art Unit	3632	
	(Use as many sheets as necessary)			Examiner Name	A. M. King	
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Ala					

Examiner	Date	
Signature	Considered	

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Sheet	3	of	3	Attomey Docket Number	2002064.00127US1	

FOREIGN PATENT DOCUMENTS							
Examiner	Cite	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns, Lines,		
Initials*	No.1	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Date MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages or Relevant Figures Appear		
	ВА	DE-2427826-B2	02-15-1979	HEISIG			
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE NO.: Those application(s) which are marked with an single asterisk (*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. 'Applicant's unique citation designation number (optional). * See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. * Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). * For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. * Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. * Applicant is to place a check mark here if English language Translation is attached.

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
	CA	"Intellectual Property Portfolio Assessment Report" UniRac Inc. Patent Portfolio Assessment, Next Steps Research, pages 1-112 (2006).	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date	
Signature	Considered	

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Fee Paid (\$)

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PTO/SB/17 (01-06)
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Fee DescriptionFee (\$)FeeEach claim over 20 (including Reissues)50Each independent claim over 3 (including Reissues)200Multiple dependent claims360	
FOR FY 2006 First Named Inventor John E. Liebendorfer Examiner Name A. M. King X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3632 TOTAL AMOUNT OF PAYMENT (\$) 575.00 Attorney Docket No. 2002064.00127US1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LL For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the fill X Credit any overpayments FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$) Fee (
Examiner Name A. M. King Art Unit Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127US1 Attorney Docket No. 2002064.00127U	
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TOTAL AMOUNT OF PAYMENT (\$) 575.00 Attorney Docket No. 2002064.00127US1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Wilmer Cuttler Pickering Hale and Dorr Lt. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) F	
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutter Pickering Hale and Dorr Lt. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the fill of the provisional Lt. The control of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee	
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Fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SMAIL Entity Fee (\$)	
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Paper	
Design 200 100 70 50 130 65 Plant 200 100 70 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims Fee (\$) Fee (\$) Multiple dependent claims	<u>5)</u>
Plant 200 100 0 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Smal Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360	
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Each independent claim over 3 (including Reissues) Multiple dependent claims 200 360	25
Multiple dependent claims 360	100
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Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	
33 -69 = x = <u>Fee (\$)</u> Fee Paid (\$)	
HP = highest numer of total claims paid for, if greater than 20.	
Indep. Claims	
-8 = X = 	
HP = highest numer of independent claims paid for, if greater than 3.	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)	

SUBMITTED BY					
Signature	A11756	Registration No. (Attorney/Agent)	58,803	Telephone	202-663-6000
Name (Print/Type)	Ali Shah			Date	August 16, 2006

Number of each additional 50 or fraction thereof

1806 Submission of Information Disclosure Statement

(round up to a whole number) x

Total Sheets

4. OTHER FEE(S)

- 100 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

/50

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...